



Iowa Department of Public Health

Interpreting Physician Requalification Worksheet

Please submit supporting documentation

___ Valid Iowa Medical License

___ ABR, AOBR, or RCPSC
OR Three Months Training

___ Mammography reads under direct supervision**
240 or # needed to reach 960 (whichever is less)

**Must have total of 960 reads in prior 24 month period within 6 months of requalification date.

___ 15 Category 1 CME's in past 36 months
(or additional # needed to reach 15 in past 36 months)

For State of Iowa use

REQUALIFICATION DATE _____

INITIAL QUALIFICATION START DATE _____
(10/01/94 or date initial qualification was completed)

ADDITIONAL MODALITY START DATE _____
(8 hours initial training in each additional mammographic modality)

NAME OF PHYSICIAN _____

PLACE OF EMPLOYMENT _____

IDPH Approval _____

Date _____